

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Shannaz Torbati

Petition No. 950615000-019

Lic# 000500

PRELICENSURE CONSENT ORDER

WHEREAS, Shannaz Torbati of Stamford, Connecticut (hereinafter "respondent") has applied for licensure to practice as a hypertrichologist by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 388 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of hypertrichologist under Connecticut General Statutes Chapter 388.
2. In or about September and October 1994, respondent worked work as a hypertrichologist in the State of Connecticut.
3. By the conduct described above, respondent committed acts that constitute grounds for the denial of her application for licensure pursuant to §19a-14 of the Connecticut General Statutes.

NOW THEREFORE, pursuant to §19a-14 of the Connecticut General Statutes, respondent hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of her application for licensure.

2. That after satisfying the requirements for licensure as a hypertrichologist as set forth in Chapter 388 of the Connecticut General Statutes, respondent's license to practice as a hypertrichologist will be issued.
3. That she shall pay a civil penalty of one hundred fifty dollars, (\$150.00), by certified or cashier's check payable to "Treasurer, State of Connecticut." Said penalty shall be payable at the time respondent submits the executed Consent Order to the Department.
4. That respondent shall comply with all state and federal statutes and regulations applicable to her license.
5. That correspondence required by the terms of this Prelicensure Consent Order are to be addressed to:

Joseph Gillen, Ph.D., Section Chief
Application and Examination Section
Department of Public Health
150 Washington Street
Hartford, Connecticut 06106

6. That she understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board of Examiners of Hypertrichologists in which
 - (1) her compliance with this Prelicensure Consent Order is at issue, or
 - (2) her compliance with §20-270 of the Connecticut General Statutes, as amended, is at issue.
7. That this Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the Connecticut General Statutes, provided that this stipulation shall not deprive her of any other rights that she may have under the laws of the State of Connecticut or of the United States.

8. That this Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
9. That this Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
10. That she understands this Prelicensure Consent Order is a matter of public record.
11. That she understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

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I, Shannaz Torbati, have read the above Prelicensure Consent Order, and I agree to the terms and admissions set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

Shannaz Torbati
Shannaz Torbati

Subscribed and sworn to before me this 26th day of January 1995.

[Signature]
Notary Public or person authorized
by law to administer an oath or
affirmation

My Commission Expires
March 31, 1999

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 6 day of February 199⁶, it is hereby ordered and accepted.

[Signature]
Stanley K. Peck, Director
Division of Medical Quality Assurance



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

BUREAU OF HEALTH SYSTEM REGULATION

FEBRUARY 9, 1996

SHAHNAZ TORBATI
89 OCEAN DRIVE EAST
STAMFORD, CT 06902

DEAR MS. TORBATI:

On the behalf of the Department of Public Health, I am pleased to inform you that you have successfully completed the examinations for licensure as a hypertrichologist in Connecticut. Your license number is 000500 and is effective as of the date of this letter. Your formal license will be forthcoming. Your name on the certificate will appear as shown above unless otherwise notified.

Please be advised that your license must be renewed annually during your month of birth. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you satisfy current licensing requirements. I must also note that it is your responsibility to keep this Department informed of any name or address changes; failure to do so may jeopardize the status of your license.

I wish you success in your endeavors. Should you have any questions or concerns regarding the renewal of your license, please contact the Licensure and Registration Section at (860) 566-4967.

Respectfully,

Debra L. Johnson
Health Program Associate
Applications, Examinations and Licensure

DLJ:cas

	<u>Passing Score</u>	<u>Candidate's Score</u>
AEA/IBEC Exam:	Scaled score of 70	75.0
CT Written Exam:	70	00.0
CT Practical Exam:	70	00.0

00.00 Not Needed (previously passed)
2545V



Phone:
Telecommunication Device for the Deaf: (203) 566-1279
150 Washington Street — Hartford, CT 06106
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